

PRINTER RUSH
(PTO ASSISTANCE)

Application : <u>09/724822</u>	Examiner : <u>Dian, C</u>	GAU : <u>1636</u>
From: <u>[Signature]</u>	Location: IDC FMF FDC	Date: _____
Tracking #: <u>6060869</u>		Week Date: _____

DOC CODE	DOC DATE	MISCELLANEOUS
<input type="checkbox"/> 1449	_____	<input type="checkbox"/> Continuing Data
<input type="checkbox"/> IDS	_____	<input type="checkbox"/> Foreign Priority
<input checked="" type="checkbox"/> <u>CLM</u>	<u>9/7/2004</u>	<input type="checkbox"/> Document Legibility
<input type="checkbox"/> IIFW	_____	<input type="checkbox"/> Fees
<input type="checkbox"/> SRFW	_____	<input type="checkbox"/> Other
<input type="checkbox"/> DRW	_____	
<input type="checkbox"/> OATH	_____	
<input type="checkbox"/> 312	_____	
<input type="checkbox"/> SPEC	_____	

[RUSH] MESSAGE: Improper Dependency : Claim 8 (original claim 10)
depends upon higher numbered claim 9 (original claim 12). Please Resolve

Thank you,
[Signature]

[XRUSH] RESPONSE: see IIFW dated 9-12-05.

INITIALS: DG

NOTE: This form will be included as part of the official USPTO record, with the Response document coded as XRUSH.
REV 10/04